

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213519252			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: UNITED RENTALS (NORTH AMERICA), INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CTR 16TH FLR 1111 E MAIN ST RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: F1895582</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: FIVE GREENWICH OFFICE PARK</p> <p>CITY/ST/ZIP: GREENWICH, CT 06831</p> </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL KNEELAND TITLE: PRESIDENT & CEO ADDRESS: 5 GREENWICH OFFICE PARK CITY/ST/ZIP/CO: GREENWICH, CT 06831 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL KNEELAND TITLE: PRESIDENT & CEO ADDRESS: 5 GREENWICH OFFICE PARK CITY/ST/ZIP/CO: GREENWICH, CT 06831	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	JOSE B. ALVAREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 ROBINSON COURT		
CITY/ST/ZIP/CO:	MANSFIELD, MA 02048		
NAME:	JENNE K. BRITELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	166 CALLE VENTOSO WEST		
CITY/ST/ZIP/CO:	SANTE FE, NM 87506		
NAME:	BOBBY J. GRIFFITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5001 BALMORAL LANE		
CITY/ST/ZIP/CO:	FLOWER MOUNT, TX 75028		
NAME:	PIERRE E. LEROY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	41813 NORTH 99TH WAY		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85262		
NAME:	SINGLETON B. MCALLISTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1666 K. STREET, NW		
CITY/ST/ZIP/CO:	SUITE 1200 WASHINGTON, DC 20006		
NAME:	BRIAN D. MCAULEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 HAMILTON PLAZA		
CITY/ST/ZIP/CO:	PLAZA LEVEL PATTERSON, NJ 07505		
NAME:	JOHN S. MCKINNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9432 TRIATHLON LANE		
CITY/ST/ZIP/CO:	ELK GROVE, CA 95758		
NAME:	JAMES H. OZANNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 GOODWIVES RIVER ROAD		
CITY/ST/ZIP/CO:	DARIEN, CT 06820		
NAME:	JASON D. PAPASTAVROU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	152 WEST 57TH STREET		
CITY/ST/ZIP/CO:	19TH FLR. NEW YORK, NY 10019		
NAME:	FILIPPO PASSERINI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PROCTER & GAMBLE PLAZA		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	LAWRENCE WIMBUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25721 SHORE LINE DRIVE		
CITY/ST/ZIP/CO:	NOVI, MI 48374		

NAME:	DONALD C. ROOF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 BROOKS HOLLOW COURT		
CITY/ST/ZIP/CO:	DUNDEE, MI 48131		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOLI LYN GROSS	JOLI LYN GROSS, ASST	4/23/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			